Performance

Report

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| Name: | Warrigal Care Stirling |
| Commission ID: | 2947 |
| Address: | 41 Fremantle Dr, STIRLING, Australian Capital Territory, 2611 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 27 June 2024 |
| Performance report date: | 2 August 2024 |
| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 6800 Warrigal Care Stirling |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Warrigal Care Stirling (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives advised staff treated consumers with dignity and respect. Staff were familiar with consumers’ identity and preferences, and described how they delivered respectful care. Staff were observed to treat consumers in a dignifying and respectful manner.

Consumers and representatives reported staff were aware of consumers’ cultural needs and preferences. Staff described how consumers’ cultural backgrounds were captured through assessment and planning processes, and were aware of the culturally significant events celebrated by consumers. Care planning documentation identified consumers’ cultural backgrounds, needs, and preferences.

Consumers and representatives confirmed consumers were supported to make their own choices and maintain relationships of choice. Staff advised they supported consumers to be independent by offering them care delivery choices, and respecting their decisions. Staff reported they encouraged consumers to receive visitors and supported consumers to make regular phone and video calls to support their personal relationships.

Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and described how consumers were informed of the potential risks and benefits regarding their choices. Consumers confirmed they were supported to engage in their chosen activities which contained risk. Care planning documentation evidenced the completion of risk assessments to identify and mitigate risks.

Consumers and representatives advised they were provided with information which enabled them to exercise choice, and confirmed information was communicated in alignment with their preferences. Staff described how they adjusted their communication methods to ensure communication effectively met the language and cognitive needs for consumers. The activities schedule and menu were observed to be displayed throughout the service.

Consumers advised their personal privacy was respected, and staff knocked on their bedroom doors prior to entry. Staff confirmed they ensured privacy during care by closing consumers’ doors and blinds. Staff were observed to conduct handovers in private areas and to log out of computers when not in use.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff demonstrated an understanding of the assessment and planning process, including how it was used to identify risks to the consumer’s health and well-being. Care planning documentation evidenced comprehensive assessments were competed to identify risks to consumers and inform their care directives. Policies and procedures were in place to guide staff practice in the care planning and assessment process.

Consumers and representatives confirmed consumers’ needs, goals and preferences were identified, and were involved in advance care discussions. Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff described how they approached advance care planning discussions with consumers during their entry into the service, and respected their decision if they did not wish to engage in end of life conversations.

Consumers and representatives confirmed their involvement in the assessment, planning and review of consumers’ care and services. Staff confirmed the assessment and planning process occurred in partnership with consumers, representatives, allied health professionals and specialist providers. Care planning documentation evidenced consumers and representatives were regularly involved in assessment and planning processes.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and they were offered a copy of the consumer’s care and service plan. Staff described how they communicated assessment outcomes to consumers and representatives through in person conversations, emails and telephone calls. Care planning documentation evidenced a copy of the consumer’s care and service plan was offered to consumers and representatives.

Consumers and representatives confirmed they were involved in regular care and service plan reviews, and incidents led to the reassessment of the consumer’s care. Management advised consumers’ care and service plans were reviewed during regular 6 monthly reviews, Resident of the Day assessment processes, annual case conferences and in response to incidents.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received personal and clinical care which was tailored to their needs. Policies and procedures were in place to guide staff practice and ensure the delivery of best practice personal and clinical care. Care planning documentation evidenced the delivery of consumers’ personal and clinical care needs in alignment with care directives to optimise their health and well-being.

Staff described the high impact and high prevalence risks associated with the care of consumers and outlined the risk mitigation strategies in place to promote their safety. Consumers and representatives provided positive feedback regarding the management of high impact risks to consumers. Care planning documentation evidenced the effective management of risks, and care directives were in place to promote the consumer’s safety.

Staff described how end of life care would be provided to consumers in alignment with their palliative care needs and preferences. Policies were in place to ensure the goals, needs and preferences were recognised and addressed, and consumers’ comfort and dignity was maintained. Consumers and representatives confirmed consumers’ end of life needs and goals were recognised and were confident the consumer’s needs and preferences would be respected in the event end of life care was delivered.

Care planning documentation evidenced deterioration or changes in the consumer’s condition were recognised and escalated in a timely manner. Staff described they monitored consumers for deterioration, and outlined how they would include external health professionals to ensure changes in the consumer’s condition were effectively managed. Policies were in place to guide staff practice to identify, respond and document clinical deterioration.

Consumers and representatives confirmed staff were aware of consumer’s needs and preferences, and confirmed their information was communicated with others responsible for care. Staff advised information regarding the consumer’s condition was communicated during handovers and daily huddles and documented within the electronic care management system. Care planning documentation evidenced progress notes were regularly added and updated ensuring current information was accessible by staff.

Consumers and representatives advised consumers were referred to external health professionals in an appropriate and timely manner. Staff described the process to refer consumers to various providers of care and services through emails, the completion of referral forms and phone calls. Policies and procedures were in place to guide staff practice to partner with and refer consumers to external health professionals to meet their diverse needs.

Consumers and representatives reported staff wore personal protective equipment and practiced hand hygiene. Staff described the strategies to ensure the appropriate use of antibiotics by ensuring pathology results were obtained prior to commencement. An outbreak management plan provided guidance and instructions to be utilised in response to confirmed infectious outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers confirmed they received services and supports which met their needs, goals and preferences and optimised their independence. Staff described how they adjusted the delivery of daily living supports to optimise the well-being and quality of life for consumers living with cognitive or sensory impairments. Lifestyle services documentation evidenced consumers received supports to meet their goals and preferences.

Consumers and representatives advised staff were supportive of consumers’ emotional, spiritual and psychological well-being. Staff described how they supported consumers when they were feeling low, and advised various religious activities were available to consumers to support their spiritual needs.

Consumers and representatives confirmed consumers were supported to engage in activities within the internal and external community, to maintain their personal relationships and participate in activities of interest. Consumers were observed to engage in a range of group and individual activities, and to receive visits from their friends and families. Staff described how they encouraged consumers to make and relationships by supporting consumers to engage in activities and share meals together and encouraging consumers to receive visitors.

Staff advised information regarding the consumer’s condition, needs and preferences was communicated during handovers, meetings and care planning documentation. Consumers and representatives reported consumers’ needs and preferences were effectively communicated between staff. A shift handover was observed, and staff communicated any changes in each consumers’ needs, condition and preferences.

Consumers advised they were referred to external organisations and volunteers to support their well-being. Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs in a timely manner. Staff described how created referrals and engaged with various external providers to ensure consumers received the delivery of consumers’ care and services.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided to them. Management advised the menu was developed in consideration with dietician input and consumer feedback. Staff advised consumers’ dietary needs and preferences were documented and accessible within the kitchen.

Consumers reported their equipment was safe, clean and suitable for their use. Staff advised they access to lifestyle and leisure equipment to meet consumers’ needs, and outlined their responsibilities to ensure equipment was cleaned after use. Maintenance staff described how equipment was repaired or replaced to ensure suitability for use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives described consumers were at home within the service environment and were supported to personalise their rooms. Staff described how they enhanced consumer’s sense of belonging and interaction by encouraging friendships between consumers and assisting them to navigate the environment. The service environment was observed to be homely, with various communal areas for consumers to enjoy.

Consumers and representatives expressed satisfaction with the cleanliness of the service environment, and consumers advised they were comfortable to move freely through indoor and outdoor areas. Staff described their roles and responsibilities to ensure the cleanliness of the service environment. A review of cleaning records evidenced consumers’ rooms were cleaned on a daily basis, with a deep clean completed fortnightly.

Consumers advised their furniture, fittings and equipment were well maintained, and any identified issues were promptly resolved. Maintenance documentation evidence reactive maintenance requests were completed in a timely manner. Staff confirmed they cleaned shared equipment after each use and described the process to lodge requests for repair.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives advised they were comfortable to raise their feedback and provide complaints. Management described the various methods available to consumers and representatives to provide their feedback, including through feedback forms, meetings, emails or directly with staff. Feedback forms and collection boxes were observed to be displayed and accessible throughout the service.

Consumers advised they were aware of external advocacy services to assist them to raise a complaint, and confirmed they attended information sessions organised by an external advocacy organisation. Staff demonstrated an understanding of the external advocacy and language services available to support consumers to provide consumers. Information regarding translation, advocates and complaint services, including the Commission, was observed to be displayed throughout the service.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff acknowledged their complaints and provided an apology. The complaints register evidenced open disclosure practices were applied when responding to complaints and feedback. Staff described how they would respond to complaints by providing transparent communication, and confirmed they would escalate complaints if required.

Consumers and representatives provided examples of care and service improvement that were made in response to their feedback and complaints. The continuous improvement plan detailed records of complaints and included the improvements actions arising from its resolution. Management advised feedback was documented within an electronic management system and utilised to inform continuous improvement opportunities.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives advised there were enough staff available to meet consumers’ needs and preferences. Staff confirmed staffing levels were sufficient to provide care to consumers, and vacant shifts due to unplanned leave was consistently filled. Management reported staffing rosters were developed in consideration with the care needs of consumers and regulatory care minute requirements.

Consumers and representatives confirmed staff were kind, caring and respectful towards consumers. Management advised staff received training on the organisational values, which included the provision of safe and quality care, and respecting consumers’ preferences and choices. Staff described how they ensured they treated consumers with kindness and respect by understanding their needs and preferences and acknowledging their choices.

Consumers and representatives advised staff were competent and capable to perform their roles. Management described the assessment of staff competency through the recruitment process and on an ongoing basis. Personnel records evidenced staff were appropriately qualified and had the relevant experience and competencies to undertake their roles.

Staff advised they received a range of training on various topics including fire safety, infection prevention, restrictive practices and incident management. Training records evidenced staff were up to date with their annual mandatory training. Management advised staff were provided with mandatory training, and they identified further areas for training and development through the analysis of feedback and incidents.

Management described how staff performance was monitored through performance appraisals which occurred after 3 months for probationary staff and on an annual basis thereafter. Staff demonstrated an understanding of the appraisal process and advised they could request additional training. Staff were evidenced to complete reflections and the recompletion of competencies in response to incidents or errors.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported they were engaged in the development, delivery and evaluation of care and services. Management advised consumers and representatives were actively engaged in the development of care and services through various meetings, feedback processes and surveys, and outlined their actions to form a Consumer Advisory Body. Consumer meeting minutes evidenced consumers were involved in the ongoing development of their care and services.

Management described how information was shared between management and the governing body through various executive committees. The governing body maintained oversight of the quality of care and services through their involvement in executive committees and regular visits to the service to attend functions and special events. Meeting minutes evidenced the quality of care and services and incidents were discussed with the governing body to ensure their accountability.

Systems for organisational governance effectively supported the governing body to ensure the Quality Standards were being met. Staff reported they had access to the information required to perform their roles, including care planning documentation, policies and procedures. Management advised they maintained an annual operating budget and were able to seek approval from the governing body for purchases which exceeded their budget. Management reported regulatory and legislative changes were monitored by the Quality and Compliance team and information was disseminated throughout the workforce. The continuous improvement plan evidenced improvement initiatives were evaluated, and the governing body was involved in the resolution of consumer feedback.

The risk management system informed effective oversight from management, executive management, and the governing body. Management advised of the strategies and monitoring processes in place to manage the high impact and high prevalence risks to consumers. Staff described how consumers were supported to live their best life through the completion of assessments and the discussion of risks with consumers and their representatives. Management advised an incident management system was in place, and they maintained oversight to ensure incidents were appropriately responded to, investigated and documented. Staff outlined they roles and responsibilities to prevent and report instances of elder abuse and neglect.

The clinical governance framework outlined clear roles and responsibilities of all staff, reflective within policies and procedures. Management advised they regular reviewed and monitored the use of antibiotics through audits and the electronic medication management system. Staff demonstrated an understanding of the various types of restrictive practices and were aware of the requirement to trial alternative interventions prior to the use of restraints. Staff were aware of open disclosure processes, including a practical knowledge of providing open communication and an apology when things go wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)